

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/009674	FLING DATE
APPLICANT(S)		

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
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TOTAL IND.	5		3			
TOTAL DER.	21	↔	3	↔		
TOTAL CLAIMS	24					

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IND.	DER.	IND.	DER.	IND.
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TOTAL IND.		↓		
TOTAL DER.		↔	↔	↔
TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS